

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1602

CERTIFICATE OF DEATH

01583
62

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE <i>MARYLAND</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Denton</i>		c. LENGTH OF STAY IN 1b <i>life</i>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>00</i>		e. STREET ADDRESS <i>Rural Denton</i>		
3. NAME OF DECEASED (Type or print) <i>NORMAN</i>		First <i>NESLEY</i>	Middle <i>BAYNARD</i>	
4. DATE OF DEATH <i>FEB 29 1956</i>	Month Year	Day Year	1. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>N</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>APR 26, 1895</i>	
9. AGE (in years lost birthday) <i>60 yrs.</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. IF UNDER 24 HRS. Hours <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Day Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>FARMING</i>	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Wealey Baynard</i>	14. MOTHER'S MAIDEN NAME <i>Mary Collins</i>	Address <i>Mrs. Wealey Baynard Denton</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Arthur Collins</i>	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>331X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. p. p. m.	Month 19	Day Not while at work <input type="checkbox"/> At work <input checked="" type="checkbox"/>	20d. INJURY OCCURRED While 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Aug 4, 1957</i> to <i>Feb 29, 1956</i> that I last saw the deceased alive on <i>Feb 12, 1956</i> , and that death occurred at <i>5:05 PM</i> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>E. Paul Knuth</i> PHYSICIAN'S NAME (Type) ADDRESS M.D.				
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>Mar. 3, 1956</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>St. Paul's</i>	22d. LOCATION (City, town, or county) <i>Denton</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Virgil Mooresey Denton</i>	ADDRESS	24a. REC'D BY REGISTRAR DATE <i>Mar 1-56</i>	24b. REGISTRAR'S SIGNATURE <i>Wm. G. George</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

THE GOVERNMENT OF NEVADA - DEPARTMENT OF MOTOR VEHICLES
CERTIFICATE OF DEATH

BUREAU V. S.

MAR 8 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01584

1603 CERTIFICATE OF DEATH

Reg. Dist. No. 4+

Items 8,9,Film G194 4-2-56 et

1. PLACE OF DEATH

COUNTY Caroline
 CITY (If outside corporate limits, write RURAL
OR and give nearest town)
 TOWN Federalsburg

MARYLANDLENGTH OF STAY
(in this place)
1 month**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Delaware COUNTY Sussex
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Dagsboro
 STREET ADDRESS
Dagsboro

(If rural give location)

46 x 3

**3. NAME OF
DECEASED
(Type or Print)**I. Lemuel Brumbley

(Last)

4. DATE (Month) (Day) (Year)
2/13/56

19

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,8. DATE OF BIRTH
Oct. 10, 1871 ?9. AGE last birthday
85 ? yrs.IF UNDER 1 YEAR
4 Months | 3 Days | Hours Min.10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
Deceased State Highway10b. KIND OF BUSINESS
OR INDUSTRY
Foreman

11. BIRTHPLACE (State or foreign country)

Delaware12. CITIZEN OF WHAT
COUNTRY?U.S.

13. FATHER'S NAME

Joseph Brumbley

14. MOTHER'S MAIDEN NAME

Henrietta Evans15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Raymond Brumbley - Dagsboro, Del**I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH****18. MEDICAL CERTIFICATION**

IMMEDIATE CAUSE

(A)

Cachexia & cerebral vascular diseaseINTERVAL BETWEEN
ONSET AND DEATH

4-25-53

ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO
(C)

T-2-13-56

**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, term, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1953, to 2-13, 1956, that I last saw the deceased
alive on 2-12, 1956, and that death occurred at 3:45 A.M. from the causes and on the date stated above.

SIGNATURE

J. E. Brumbley

M.D.

ADDRESS (Street, city, town, state)

DATE SIGNED

2/13/56

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
Burial

DATE THEREOF

2/16/56

NAME OF CEMETERY OR CREMATORIUM

Redmens Cemetery

LOCATION (City, town, or county)

(State)

Dagsboro, Del.

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

DATE Feb. 16, 1956

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Margaret W. FramptonSharon Williams - Federalsburg, Md.

BUREAU V. S.

FEB 21 1956

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01585

1694
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 108

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Caroline	MARYLAND	STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Henderson		LENGTH OF STAY (in this place) 15 Yrs.	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Henderson
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) None	
Ione			
3. NAME OF DECEASED: (Type or Print)	(First) James	(Middle) Edward	(Last) Cohee
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) [Spottedlyred]	8. DATE OF BIRTH: 8/7/1872
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired Milk Hill		10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland
			12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Nicholas Cohee		14. MOTHER'S MAIDEN NAME: Hattie ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) No	16. SOCIAL SECURITY NO.: 184-10-6478		17. INFORMANT & ADDRESS: Ora George Henderson, Maryland
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <i>Myocarditis Acute</i> Immediate cause (a) _____ DUE TO _____ Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause DUE TO _____ stating underlying cause last (c) _____			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: <i>History of heart disease decades ago</i>			
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH:	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input type="checkbox"/>, Inquiry <input type="checkbox"/>, and find that death resulted from: Natural causes <input type="checkbox"/>, Accident <input type="checkbox"/>, Suicide <input type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined cause <input type="checkbox"/>. SIGNATURE <i>Hanson D. George</i>			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE THEREOF 2/18/56	NAME OF CEMETERY OR CREMATORIALy Holly Wood	LOCATION (City, town, or county) Harrington, Del.
DATE REC'D BY LOCAL REG. 2/17/56	REGISTRAR'S SIGNATURE Aldash Smith	24. FUNERAL DIRECTOR J. E. Boulaire & Greenslade, Md.	ADDRESS

BUREAU V. R.

FEB 20 1956

RECEIVED

1605

01586

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

No. 64

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Federalsburg - RuralLENGTH OF STAY
(In this place)
LifeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Houston Branch Road

3. NAME OF
DECEASED:
(Type or Print)

(First) Sylvester

(Middle) Lee

(Last) Cornish

4. SEX:
Male6. COLOR OR
RACE:
Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Single10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Day Laborer10b. KIND OF BUSINESS OR
INDUSTRY: Junk Dealer8. DATE OF BIRTH:
May 16, 19129. AGE last birthday:
43 yrs.10. MONTH (Month) (Day) (Year)
February 18 195611. IF UNDER 1 YEAR
Months Days Hours Min.

12. FATHER'S NAME:

John Cornish

14. MOTHER'S MAIDEN NAME:

Annie Shepherd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

Yes

16. SOCIAL SECURITY NO.: 214-32-6257

17. INFORMANT & ADDRESS:

Mrs. Charles Magee, Federalsburg, Md.

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a)

DUE TO

Suffocation

INTERVAL BETWEEN
ONSET AND DEATH

One minute

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause
stating underlying cause last

(c)

Burned - entire body

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY 2-18-56 1A.M.21b. PLACE (Home, farm, factory,
of street, office bldg., etc.,
INJURY21e. INJURY OCCURRED
While at Not while
work at work

21c. (City or town) (County)

(State)

Home Federalsburg Caroline Md

21f. HOW DID INJURY OCCUR?

Struck in brick building

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURE *James D. George*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
2/19/5623. BURIAL, CREMATION,
REMOVAL, (Specify):
BurialDATE REC'D BY LOCAL
REG.

February 23, 1956

DATE THEREOF
Feb. 24, 1956REGISTRAR'S SIGNATURE
Margaret H. FramptonNAME OF CEMETERY OR CREMATORIAL
Federal Hill CemeteryLOCATION (City, town, or county) (State)
Federalsburg, Maryland

24. FUNERAL DIRECTOR

J.J. Frampton and Son, Federalsburg, Md.

ADDRESS

RECEIVED

FEB 28 1956

BUREAU V. A.

1696 CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Denton

12 years

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Camp Ground Road

3. NAME OF
DECEASED:
(Type or Print)(First)
John(Middle)
Calvert(Last)
Fisher4. DATE (Month) (Day) (Year)
OF DEATH: February 11 1956

5. SEX:

6. COLOR OR
RACE:

Male

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

Married

8. DATE OF BIRTH:
September 4, 18699. AGE last birthday
IF UNDER 1 YEAR
86 yrs.IF UNDER 24 HRS.
Months DaysIF UNDER 24 MINS.
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Surveyor

10B. KIND OF BUSINESS
OR INDUSTRY:
County Surveyor11. BIRTHPLACE (State or foreign country):
Indiana County, Pennsylvania12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME:

Simon Fisher

14. MOTHER'S MAIDEN NAME:

Christine Kunkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

218-12-1819

17. INFORMANT & ADDRESS:

Mrs. Ida A. Fisher, Denton, Maryland

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)
DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

few minutes

ANTECEDENT CAUSE (S)

(B)
DUE TO

arteriosclerosis and A.V. Block

3 years.

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

M.

21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1956, to Feb 11, 1956, that I last saw the deceased
alive on Jan 30, 1956, and that death occurred at 5:30 P.M. from the causes and on the date stated above.
SIGNATURE *E. Paul Knotts* ADDRESS *Denton Md* DATE SIGNED *Feb. 13-1956*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

Feb. 14, 1956

NAME OF CEMETERY OR CREMATORIUM

Washington Cemetery

LOCATION (City, town, or county) (State)

Near Hurlock, Maryland

DATE REC'D BY LOCAL
REGISTRAR *1/13/56*

REGISTRAR'S SIGNATURE

Ann D. George

24. FUNERAL DIRECTOR

ADDRESS *J.J. Frampton and Son, Federalsburg, Md.*

BUREAU V. S.

FEB 17 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01588

1697 CERTIFICATE OF DEATH

Reg. Dist. No. 62

Item , FilmG192 2-21-56 et

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Denton</u> TOWN <u>Denton</u>		MARYLAND LENGTH OF STAY (in this place) <u>50 yrs</u> STATE <u>Savannah</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Denton</u> STREET ADDRESS <u>10</u>			
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH: (Month) (Day) (Year)			
<u>Stella</u> <u>Deborah</u> <u>Johnson</u>		JUL - 13 1956			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH: 1870 9. AGE last birthday: 85 yrs.		
<u>F</u>	<u>W</u>	<u>Divorced</u>	<u>Mar 21, 1870</u>		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:		10b. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>			
13. FATHER'S NAME: <u>Katherine Short</u>		11. BIRTHPLACE (State or foreign country): <u>Delaware</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <u>- - - - -</u>			
17. INFORMANT & ADDRESS: <u>Ben Johnson, Denton Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>Aust</u>			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) <u>Cause of Death</u> Antecedent causes (s) (b) <u>- - - - -</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <u>- - - - -</u>					
Interval Between Onset And Death <u>3 yrs</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			
(CITY OR TOWN)		(COUNTY)			
(STATE)					
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY	m.				
22. I hereby certify that I attended the deceased from <u>6-2-1956</u> to <u>Feb 13, 1956</u> that I last saw the deceased alive on <u>2-13-1956</u> and that death occurred at <u>4:30 P.M.</u> from the causes and on the date stated above.					
SIGNATURE <u>George M. Johnson</u> ADDRESS <u>Denton Md</u> DATE SIGNED <u>2/15/56</u>					
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF <u>2/18/56</u>	NAME OF CEMETERY OR CREMATORIAL <u>Denton</u>	LOCATION (City, town, or county) <u>Denton</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REGISTRAR <u>2/16/56</u>		REGISTRAR'S SIGNATURE <u>M. George J. Vayd</u>	24. FUNERAL DIRECTOR <u>Vayd</u> ADDRESS <u>Mooreton Denton</u>		

UINEAU V.



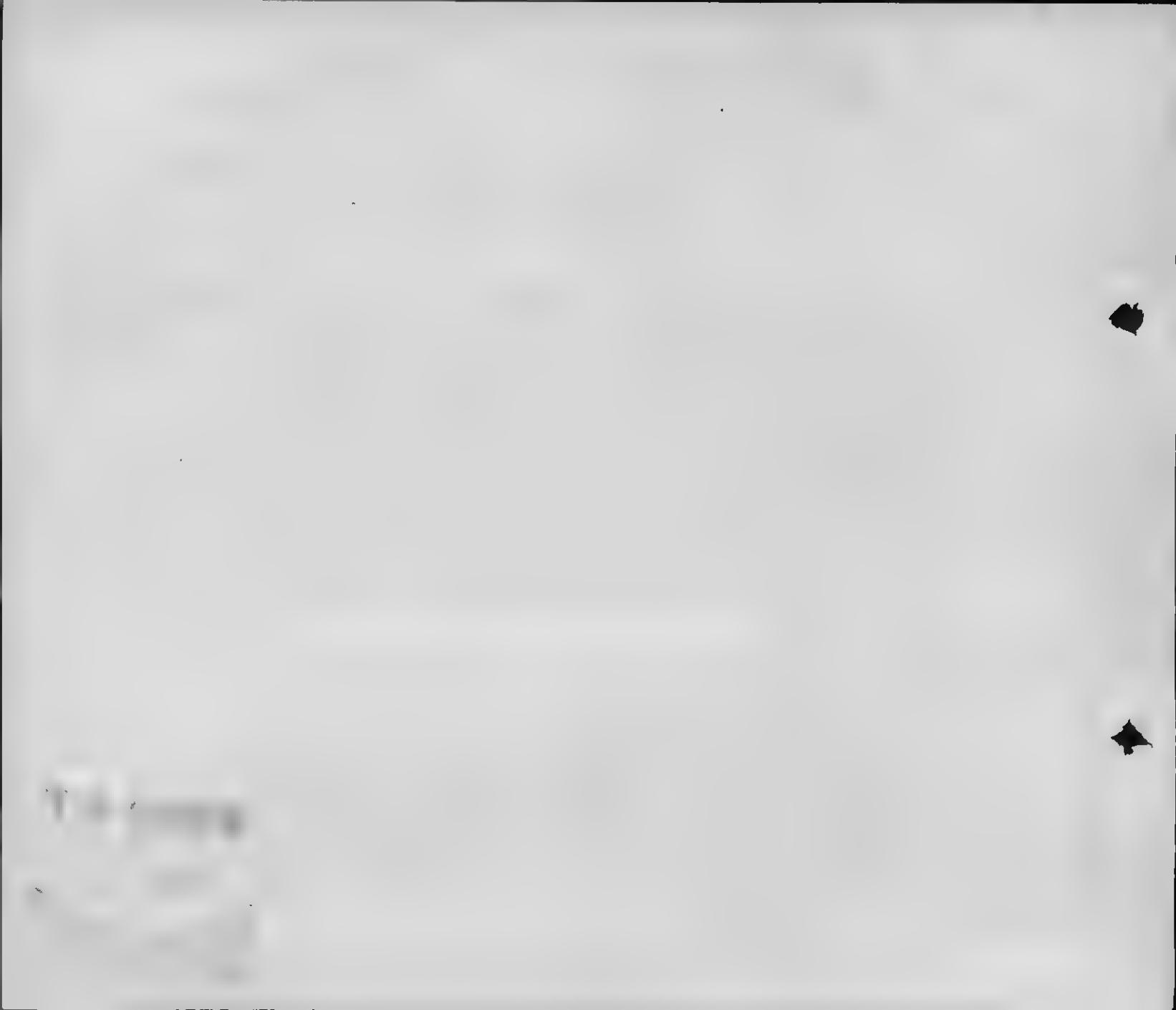
01589

Reg. Dist.

1698
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

1. PLACE OF DEATH: COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE/COUNTY <i>Caroline</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Rural Denton</i>		LENGTH OF STAY (In this place) <i>None</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>None</i>		STREET ADDRESS <i>None</i>	
3. NAME OF DECEASED: (Type or Print) <i>WILLIAM THOMAS LAYTON JR.</i>		4. DATE OF DEATH <i>FCB. 24 1956</i>	
5. SEX: <i>Male</i>		6. COLOR OR RACE: <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>		8. DATE OF BIRTH: <i>Apr. 24 1919</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>Business Owner</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Building</i>	
11. BIRTHPLACE (State or foreign country): <i>Caroline</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13. FATHER'S NAME: <i>John Thomas Layton Jr.</i>		14. MOTHER'S MAIDEN NAME: <i>Gloria Lucy Jenkins</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>Yes</i>		16. SOCIAL SECURITY NO.: <i>136-3717</i>	
17. INFORMANT & ADDRESS: <i>Mrs. Wm. T. Layton Jr.</i>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		DUE TO DUE TO DUE TO (a) <i>Fractured Personal Vertebra</i> (b) <i>External Injuries</i> (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Entombed accident</i>			
19a. DATE OF OPERATION: <i>19b. MAJOR FINDING OF OPERATION:</i>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <i>Hurts</i>)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>2 24 56 1 PM</i>		21e. INJURY OCCURRED While at <input type="checkbox"/> Not while <input type="checkbox"/> work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>lost control of automobile</i>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>Linton T. George</i>			
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>		DATE THEREOF <i>Feb. 28 1956</i> NAME OF CEMETERY OR CREMATORIAL <i>Denton</i> LOCATION (City, town, or county) <i>Denton</i> (State) <i>Md.</i>	
DATE REC'D BY LOCAL REG. <i>7/25/56</i>		REGISTRAR'S SIGNATURE <i>MD George</i> 24. FUNERAL DIRECTOR ADDRESS <i>Franklin Roosevelt, Denton Md.</i>	



01590

MARYLAND STATE DEPARTMENT OF HEALTH
1609 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

I. PLACE OF DEATH COUNTY <i>Circleville</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Ohio</i>		COUNTY <i>Greenlawn</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Federal Ridgeley</i>		LENGTH OF STAY <i>In this place</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Federal Ridgeley</i>		STREET (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (Type or Print) <i>William Rodger</i>		(First) <i>William</i> (Middle) <i>Rodger</i> (Last) <i>Little</i>		4. DATE OF DEATH <i>Feb 11 1956</i>		(Month) (Day) (Year)	
5. SEX <i>M</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Jan 8, 1935</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Delivery man</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Gas pm</i>		11. BIRTHPLACE (State or foreign country) <i>England</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13. FATHER'S NAME <i>Thomas Little</i>		14. MOTHER'S MAIDEN NAME <i>Mary Little</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>123-45-6789</i>	
17. INFORMANT AND ADDRESS <i>Thomas Little 123 Main St. Circleville, Ohio</i>							
18. MEDICAL CERTIFICATION <i>Deceleration of Spinal Cord. Subarachnoid Hemorrhage from Gunshot wound</i>							
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Immediate cause</i> <i>Antecedent cause(s)</i> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <i>Gun shot wound</i>							
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, or office bldg., etc.) <i>Street</i>		(CITY OR TOWN) <i>Bell Ridgeley</i>		(COUNTY) <i>Circleville</i> (STATE) <i>Ohio</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>2 - 12-56 41 m.</i>		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input checked="" type="checkbox"/> at work <i>X</i>		HOW DID INJURY OCCUR? <i>Gun shot wound - Homicide</i>			
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input checked="" type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE <i>John D. George MD</i> (Degree or title) <i>Medical Examiner</i> ADDRESS <i>Dinton Md</i> DATE SIGNED <i>2/15/56</i>							
23. BURIAL, CREMATION REMOVALS (Specify) <i>Burial</i>		DATE THEREOF <i>Feb 11 1956</i>		NAME OF CEMETERY OR CREMATORIAL <i>Circleville</i>		LOCATION (City, town, or county) <i>Circleville bed</i> (State) <i>Ohio</i>	
DATE REC'D BY LOCAL REG. <i>2/15/56</i>		REG. <i>John D. George</i>		REGISTRAR'S SIGNATURE <i>John D. George</i>		24. FUNERAL DIRECTOR <i>J. E. Engle Mortuary Dinton</i> ADDRESS <i>Dinton</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

THE V. A. M.

1910

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01591

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1610

1. PLACE OF DEATH: COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>Caroline</i>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Denton</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Denton</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		STREET ADDRESS <i>(If rural give location)</i>			
3. NAME OF DECEASED: (First) <i>Alexander</i> (Middle) <i>Elmothe</i> (Last) <i>Wyller</i> (Type or Print)		4. DATE OF DEATH: <i>Feb 8 1956</i>			
5. SEX: <i>M</i>	6. COLOR OR RACE: <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Widowed</i>	8. DATE OF BIRTH: <i>Apr. 28/1866</i>		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>dry goods</i>	11. BIRTHPLACE (State or foreign country): <i>Maryland</i>		
13. FATHER'S NAME: <i>Edward Wyller</i>		14. MOTHER'S MAIDEN NAME: <i>Mary E. Carter</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO.: <i>541-34-1234</i>			
17. INFORMANT & ADDRESS: <i>Stewart Gal, Union Rd.</i>		18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) <i>Mysosandritis acute</i> Antecedent causes (s) (b) <i>Arterio Sclerosis Generalized</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)					
Interval Between Onset And Death <i>10 days</i> <i>3 yrs</i>					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY ? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE <i>Dr. J. L. George</i>	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>London Park</i>	(CITY OR TOWN) <i>Baltimore</i>	(COUNTY) <i>Baltimore</i>	(STATE) <i>Md.</i>
TIME (Month) OF INJURY	(Day) m.	(Year) h.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR ? <i>from the causes and on the date stated above.</i>	
22. I hereby certify that I attended the deceased from <i>Jan 25, 1956</i> , to <i>Feb 8, 1956</i> that I last saw the deceased alive on <i>Feb 7, 1956</i> , and that death occurred at <i>8 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>J. L. George</i> ADDRESS <i>2424 Lansdowne, Denton Rd.</i> DATE SIGNED <i>2-9-56</i>					
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Feb 11, 1956</i>	NAME OF CEMETERY OR CREMATORIUM <i>London Park</i>	LOCATION (City, town, or county) <i>Baltimore</i>	(State) <i>Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>2/9/56</i>	REGISTRAR'S SIGNATURE <i>J. L. George</i>	24. FUNERAL DIRECTOR <i>J. L. George</i>	ADDRESS <i>2424 Lansdowne, Denton Rd.</i>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

81

1611

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01592
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Caroline	MARYLAND	STATE Maryland COUNTY Caroline 6.6
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Goldsboro	
TOWN	Rural Goldsboro	LENGTH OF STAY (In this place)	70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
None		None (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		(First) Guy	(Middle) Garfield
		(Last) Patterson Sr.	(Date of Death) 2 4 56
4. SEX: Male		5. COLOR OR RACE: Col.	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH: 3/7/1845	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, if ever retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY: None	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Guss Patterson		14. MOTHER'S MAIDEN NAME: Martha Perice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No		16. SOCIAL SECURITY NO.: 317-30-4608	
17. INFORMANT & ADDRESS: G. Patterson Jr. Greensboro, N.C.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			
<p>Immediate cause (a)..... DUE TO</p> <p>Antecedent cause(s) Diseases or conditions, if any, (b)..... giving rise to the above cause DUE TO stating underlying cause last (c)</p>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 - 4 - 56 8 A.M.		21e. INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR? Shot gun wound - felt 4 pellets	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE Dawson George			
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF 2/7/56	NAME OF CEMETERY OR CREMATORIUM Union
DATE REC'D BY LOCAL REG. 2/6/56		LOCATION (City, town, or county) 221 Marion, N.C. (State)	
REGISTRAR'S SIGNATURE Clark Smith		24. FUNERAL DIRECTOR J. E. Bouleis Greensboro, N.C.	
		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11

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J. S. L.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1612 CERTIFICATE OF DEATH

01593

Reg. Dist. No. 64

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY rural Federalsburg
Cارoline Federalburg (rural)	75 yrs	La. Federalburg	Caroline
HOSPITAL OR INSTITUTION OR STREET ADDRESS	none	STREET ADDRESS	none
3. NAME OF DECEASED (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
Mary G. Pepper		2/10/1956 19	
S SEX fem.	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 12, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE last birthday 75 yrs	11. BIRTHPLACE (State or foreign country) Caroline Co., Md.
13. FATHER'S NAME Joseph F. Smith	14. MOTHER'S MAIDEN NAME Susan Devning	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no	16. SOCIAL SECURITY NO. none	17. INFORMANT & ADDRESS G. A. Pepper Federalsburg, Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
/ IMMEDIATE CAUSE (A) <i>Coronary Thrombosis</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Arteriosclerosis</i> .			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/10/1956 to 2/10/1956, that I last saw the deceased alive on 2/10/1956, and that death occurred at 7 P.M. from the causes and on the date stated above.			
SIGNATURE <i>G. A. Pepper</i> ADDRESS (Street, city, town, state) <i>Federalsburg, Md.</i> DATE SIGNED <i>2-11-56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial	DATE THEREOF 2/14/56	NAME OF CEMETERY OR CREMATORIUM Concord Cemetery	LOCATION (City, town, or county) near Federalsburg, Md. (State)
24. REC'D BY REGISTRAR Margaret H. Frampton	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <i>K. J. Harvey Williamson</i> ADDRESS <i>Federalsburg, Md.</i>	
DATE Feb. 14, 1956			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01594

1613 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Caroline CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Preston—Rural		MARYLAND LENGTH OF STAY (in this place) 59 yrs.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston— Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frazier Flats		SUBDIVISION STREET ADDRESS	3. NAME OF DECEASED: (Type or Print) Lena Van de Visser	
			4. DATE (Month) (Day) (Year) OF DEATH February 29 1956	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: June 25, 1882	9. AGE last birthday 73 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework		10B. KIND OF BUSINESS OR INDUSTRY: Name	11. BIRTHPLACE (State or foreign country): Holland	
13. FATHER'S NAME: Cornelius de Wilde		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO. 220-37-1905 B	14. MOTHER'S MAIDEN NAME: Dina Bustran	
18. MEDICAL CERTIFICATION				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
<p><i>420-0</i></p> <p>IMMEDIATE CAUSE (A) <i>Atelectasis Pulmonary Edema (Nocturnal)</i> DUE TO <i>Chronic Cardiac Decompensation</i> 3 hours</p> <p>ANTECEDENT CAUSE (S) (B) <i>Arteriosclerotic Heart Disease</i> DUE TO <i>Chronic Cardiac Decompensation</i> 2 months</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <i>Arteriosclerotic Heart Disease</i> 12 years</p>				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION: —		19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) —	(County) — (State) —
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/17</i> , 1957, to <i>2/29</i> , 1956, that I last saw the deceased alive on <i>2/25</i> , 1956, and that death occurred at <i>6:15 A.M.</i> from the causes and on the date stated above.				
SIGNATURE <i>Lena B. Plummer</i> M.D. ADDRESS <i>Preston Md.</i> DATE SIGNED <i>3/1/56</i>				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF March 5, 1956	NAME OF CEMETERY OR CREMATORIAL Junior Order	LOCATION (City, town, or county) (State) Preston (Linchester) Md.
DATE REC'D BY LOCAL REGISTRAR <i>3-2-56</i>		REGISTRAR'S SIGNATURE <i>Cornelia H. Plummer</i>	24. FUNERAL DIRECTOR ADDRESS J. J. Frampton and Son, Federalsburg, Md.	

BUREAU V. S.

MAR 5 1956

RECEIVED

01595

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1614 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY *Caroline* MARYLAND
 CITY (If outside corporate limits, write RURAL
OR and give nearest town)
 TOWN *Preston, Md. B-2* LENGTH OF STAY
 HOSPITAL OR (in this place)
 INSTITUTION OR
 STREET ADDRESS *West Rose Chapel*

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Maryland* COUNTY *Caroline*
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN *Preston, Md. B-2-B19/A*
 STREET ADDRESS
 (If rural give location)

3. NAME OF
DECEASED:
(Type or Print)

6. COLOR OR
RACE: *Male* e

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): *Single*

8. DATE OF BIRTH: *Feb. 14, 1956*

9. AGE last birthday
IF UNDER 1 YEAR
yrs. *9* Months *10* Days *10* Hours *10* Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): *—*

10B. KIND OF BUSINESS
OR INDUSTRY: *—*

11. BIRTHPLACE (State or foreign country): *Maryland* 12. CITIZEN OF WHAT
COUNTRY? *U.S.A.*

13. FATHER'S NAME:

Norris Edward Wilmer

14. MOTHER'S MAIDEN NAME:

Beulah

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service) *—*

16. SOCIAL SECURITY NO. *—*

17. INFORMANT & ADDRESS:

Norris Edward Wilmer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

771-0

IMMEDIATE CAUSE

(A)
DUE TO

Cardiac hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

5-6 hours

ANTECEDENT CAUSE (S)

(B)
DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)
—

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

O

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from *2/23 1956*, to *2/23 1956*, that I last saw the deceased
alive on *Feb. 23, 1956*, and that death occurred at *4 p.m.* from the causes and on the date stated above.
SIGNATURE *Hayward T. Wilmer* ADDRESS *633 W. Main St., Easton, Md.* DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (SPECIFY)

Burial

DATE REC'D BY LOCAL
REGISTRAR *3-23-56*

REGISTRAR'S SIGNATURE

Cornelia W. Plummer

NAME OF CEMETERY OR CREMATORIUM

Federal Hill Cemetery

LOCATION (City, town, or county) (State)

Federalsburg, Maryland

24. FUNERAL DIRECTOR

J. J. Frampton

ADDRESS

1st floor, Federalsburg, Maryland

RECEIVED
BUREAU V. S.

FEB 28 1956